

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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50						
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	18	3	18	3	18	3
TOTAL CLAIMS	19		19		19	

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	18	3	18	3	18	3
TOTAL CLAIMS	19		19		19	